

# CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section (Adv. pages 2, 4 and 6).

## CALIFORNIA MEDICAL ASSOCIATION

EDWARD M. PALLETTE.....President  
HOWARD MORROW.....President-Elect  
FREDERICK C. WARNSHUIS.....Secretary-Treasurer and Associate Editor for California

### STATE AND COUNTY SOCIETY ACTIVITIES ANNUAL SESSION

This issue went to press before the members convened for our 1936 annual session. The minutes of the Coronado session will be published in the July issue. If at all possible, before the last forms are assembled for this issue a "flash" comment will appear in this issue. Look for it.

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#### YOUR COUNTY SOCIETY

Next to your diploma and license to practice, your most valuable possession is your certificate of membership in your county and state medical organization. It attests to the public that you were able to meet the requirements for membership and that your qualifications have been judged and approved by your peers.

The public in making a selection or in engaging the services of a physician or surgeon is becoming more and more accustomed to make inquiry as to whether or not the physician under consideration is a member of the county medical society. Every month witnesses an increase in lay inquiries as to whether Dr. John Doe is a member of our Association. Just recently an insurance company stipulates in one of its policies that benefits for accident or sickness will not be paid unless attended by a physician who is a member of his county medical society. For years insurance companies have refused to appoint examiners who are without membership affiliation. Industry observes the same safeguard.

The public is learning to look with suspicion upon a medical man who has no medical society affiliation. The public concludes there must be something wrong about a physician or surgeon who is a non-member, and as a result their confidence is placed in the man who holds membership in his county medical society.

We repeat—your membership is a valuable possession. This fact should cause every member to realize that he owes much to his county and state organizations. He can meet that obligation by giving some of his time each week to the upbuilding of his county medical society. This interest is invited.

Those who love their profession have steadily and steadfastly worked for it. The greatness of our profession, all of its achievements have been accomplished through personal effort subscribed to and reflected by our medical organization. Associated effort will promote our future progress.

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#### AMERICAN MEDICAL ASSOCIATION MEETING

Nigh seven thousand Fellows journeyed to Kansas City to attend the American Medical Association annual session. The "compromising" sons of Missouri and Kansas had spent many weeks in perfecting arrangements and were delighted by the large number who became their guests.

The usual enthusiasm and high spirits were depressed by the absence and serious illness of Dr. Tate Mason of Seattle, Washington. Regret was turned to bitterness for the moment by the ill-inspired and base movement to

obtain action that would have prevented Doctor Mason being inducted into office. The Judicial Council's unwarranted attitude and partial interpretation of the Constitution and By-Laws was questioned by a number of delegates, and when the chairman of the Judicial Council conceded that the House of Delegates could form regulations by which a president-elect could be installed as president, Dr. E. M. Pallette of the California delegation moved that Doctor Mason be installed as president in absentia. This motion was carried and Doctor Mason was installed as president at the opening general meeting. It must have been very gratifying to hear this expression of confidence, esteem, and tribute over the radio as he lay upon his death-bed in Seattle.

Much of the business was routine. No action was taken on the question of contraception. Further study was directed. Invasion of the field of medical practice by hospitals was condemned. Medical services cannot be divided into professional and technical groups. The services of technicians were declared to be medical services and should remain under the control and supervision of medical men and not of hospitals or laymen. The Judicial Council was empowered to remove from Fellowship anyone guilty of unprofessional conduct and against whom his county or state association failed to take action. A number of lesser important actions were recorded.

Dr. J. H. J. Upham of Ohio was elected president-elect, Dr. Gordon Heyd of New York, vice-president. Atlantic City was selected as the place for holding the 1937 meeting.

California was represented by Doctors E. M. Pallette, C. A. Dukes, Lyell C. Kinney, J. H. Shephard, E. J. Best, and A. J. Scott. California had the following reference committee appointments: C. A. Dukes, Medical Education and Hospitals; E. J. Best, Rules and Order; A. J. Scott, Miscellaneous Business.

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#### PASSING OBSERVATIONS

From here and there in our travels the following observations have been made:

Too many physicians are unfamiliar with or have chosen to ignore the objectives and purposes of our Association. They often forget that we have a state-wide organization, that it functions twenty-four hours a day. The night telephone is Walnut 8671.

Excellent as is individual effort, success in great enterprises imply and is the result of a combination and unity of effort.

California's county secretaries are more alert, accept and discharge their official duties more efficiently than any other group of county secretaries that we have contacted.

The physician, the county society, and the State Association—each is dependent upon the other. Greater ends will be attained when every member personally undertakes to promote the objectives to which our Association is committed.

Many members do not take the trouble to know the Association's policies and purposes. They are imparted from month to month in this publication, but are passed by and not read. It is necessary to learn and know all the facts ere judgment is formed.

Some members fail to realize that they have obligations to their colleagues and their county society equally as important as are their personal obligations. The individual nature of their work tends to make them individualists. That tendency should be overcome.

Collective thinking must be cultivated and evidenced. This is a challenge.

Every eligible physician should be invited to become a member.

There are one thousand physicians in the state who should be invited to join.

The office of the county secretary is the most important office in our plan of organization. He is the key man. Let the county secretary fail, then his society fails and the state body becomes proportionately weaker. An efficient secretary should be kept in office as long as it is possible to do so.

Our responsibilities must not be limited to ourselves. We have a very definite obligation to play a prominent rôle in community life. Public opinion must be well moulded.

When after due deliberation, a definite policy is decided upon and declared to be representative it ill becomes an individual or a minority group to publicize their individual views before laymen. "When doctors disagree the lay public will disregard our opinions and recommendations. Differ and discuss the pros and cons during deliberation, but when a majority decision is determined upon it ill behooves the individual to represent to the public that we are a house divided.

Opportunities in every county are presented to the local society. Embrace them for they afford many chances to bring your society before the public as well as to provide assignments for your members to work for their local and state organizations.

Hypercritical and non-coöperating attitudes are found in the following types of physicians: (a) disgruntled hypersensitives; (b) selfish purposes; (c) questionable practices; (d) ignorance of motives and purposes; (e) confirmed individualists; (f) never satisfied; (g) non-conformists; (h) jealous; (i) knockers.

Councilors only fail when the societies of their districts fail. Our Council is a most unselfish group.

Other observations will be published from time to time.

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#### RE ENDOWMENT TRUST FUND

April 9, 1936.

Dear Doctor Warnshuis:

I have received and examined your letter of March 27 with enclosure concerning a proposed endowment trust fund to be created with a trust company as trustee for the benefit of the California Medical Association.

As I understand the editorial at page 145 of the March issue of CALIFORNIA AND WESTERN MEDICINE, its object is to suggest to members of the Association that legacies, bequests, and devises be provided in their wills for the benefit of the California Medical Association, and that for this purpose it is suggested to members that the legacies, bequests, or devises be in the form of a testamentary trust with the Trustees Of The California Medical Association as trustee for the benefit of the California Medical Association. If I am correct in my understanding, then it follows that any funds acquired in this manner would be held by the Trustees Of The California Medical Association as trustee and would be invested and reinvested by that corporation in accordance with the directions of the will and the law. It would be the legal duty of the Trustees Of The California Medical Association to maintain complete control of the funds at all times, as under the law a trustee of property has no authority to transfer trust funds to another except for an adequate consideration which will inure to the benefit of the trust fund.

I am enclosing a rough draft of a form covering money only, which may be used as the basis for a trust instrument in cases of an *inter vivos* gift. If this form, or one similar to it, is eventually approved and brought to the attention of members of the Association, an explanatory note should accompany the form explaining alterations in wording that are necessary to accomplish particular desires.

I have not attempted to draft a form for gifts of real property or stocks and bonds because each particular gift will involve distinct problems and, therefore, will require different types of instruments.

Very truly yours,  
HARTLEY F. PEART.

#### FORM OF GIFT FOR THE BENEFIT OF CALIFORNIA MEDICAL ASSOCIATION AND FOR THE PURPOSE OF FURTHERING ITS OBJECTS

I hereby give and deliver unto the Trustees Of The California Medical Association, a California corporation, the sum of \_\_\_\_\_ (\_\_\_\_\_) Dollars. It is my desire that said sum be held by it as a charitable trust fund to be known as (here insert name desired) Fund, the principal whereof shall from time to time be invested by said corporation to the best advantage compatible with safety and the income whereof shall be applied by it to promote the science and art of medicine, the protection of public health, and the betterment of the medical profession.

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#### WARNING

Through no fault of my own and beyond my control, a half-brother, one Gerrit John Warnshuis, M. D., recently located in Detroit, Michigan, has addressed a letter to many members of the medical profession in which he expresses his opinion as to a certain alleged cancer treatment. I am not certain that the surname is being used for what it may be worth as a result of my many years' association with organized medicine.

I desire to so inform the medical profession in order that it may not be misled by the surname that is signed to that or any other similar communication.

FREDERICK COOK WARNSHUIS, M.D.,  
*Secretary, California Medical Association,  
San Francisco, California.*

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#### FUTURE GOALS TO CONQUER

A bright page in history has been written by medicine's progress during the past twenty-five years. Human lives have been conserved and life expectancy has been increased. Typhoid, typhus fevers, have been conquered. Infectious and contagious diseases in their morbidity and mortality have been reduced to low-bracket percentages. Surgery has accomplished much. One need but turn to medical literature for the evidence that reveals the tremendous strides scientific medicine has made during the past quarter of a century.

There are two outstanding conditions that challenge medical men—syphilis and psychopathosis. The morbidity and mortality of syphilis constitutes an incident that casts a sore reflection on society by reason of its prudery. It is only within the past year that certain newspapers commenced to print the word syphilis. Recently Doctor Par-ran, now Surgeon-General of the United States Public Health Service, was "tuned out" when in a radio broadcast address he mentioned the term "syphilis." "Social disease" is the designation used in the public press when any reference was made to this disease. Efforts to enlighten the public have been seriously obstructed by that narrow-minded public and press attitude. Syphilis will not be controlled until the public is in possession of facts related to its prevalence, transmittal and constitutional debilitating effects. Surmounting the social prudery barrier will enable health officials and physicians to bring about a marked reduction of syphilis as an incident in human incapacity, dependency, and mortality.

Socio-economic and political situations created by unemployment and government relief have exerted a pronounced influence upon the mental state of large numbers of people. A problem created by these conditions confronts psychiatrists. It devolves upon them to advance corrective measures.

These two major problems constitute goals that scientific medicine must cross. It is a challenge that should be accepted.

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#### PRINCIPLES OF ETHICS

The following is the third article of our accepted principles of professional conduct.

##### ARTICLE III. DUTIES OF PHYSICIAN IN CONSULTATIONS CONSULTATIONS SHOULD BE ENCOURAGED

Section 1. In serious illness, especially in doubtful or difficult conditions, the physician should request consultations.

## CONSULTATION FOR PATIENT'S BENEFIT

Sec. 2. In every consultation, the benefit to be derived by the patient is of first importance. All the physicians interested in the case should be frank and candid with the patient and his family. There never is occasion for insincerity, rivalry, or envy, and these should never be permitted between consultants.

## PUNCTUALITY

Sec. 3. It is the duty of a physician, particularly in the instance of a consultation, to be punctual in attendance. When, however, the consultant or the physician in charge is unavoidably delayed, the one who first arrives should wait for the other for a reasonable time, after which the consultation should be considered postponed. When the consultant has come from a distance, or when for any reason it will be difficult to meet the physician in charge at another time, or if the case is urgent, or if it be the desire of the patient, he may examine the patient and mail his written opinion, or see that it is delivered under seal, to the physician in charge. Under these conditions, the consultant's conduct must be especially tactful; he must remember that he is framing an opinion without the aid of the physician who has observed the course of the disease.

## PATIENT REFERRED TO SPECIALIST

Sec. 4. When a patient is sent to one specially skilled in the care of the condition from which he is thought to be suffering, and for any reason it is impracticable for the physician in charge of the case to accompany the patient, the physician in charge should send to the consultant by mail, or in the care of the patient under seal, a history of the case, together with the physician's opinion and an outline of the treatment, or so much of this as may possibly be of service to the consultant; and as soon as possible after the case has been seen and studied, the consultant should address the physician in charge and advise him of the results of the consultant's investigation of the case. Both these opinions are confidential and must be so regarded by the consultant and by the physician in charge.

## DISCUSSIONS IN CONSULTATION

Sec. 5. After the physicians called in consultation have completed their investigations of the case, they should meet by themselves to discuss conditions and determine the course to be followed in the treatment of the patient. No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending or by their common consent; and no opinions or prognostications should be delivered as a result of the deliberations of the consultants which have not been concurred in by the consultants at their conference.

## ATTENDING PHYSICIAN RESPONSIBLE

Sec. 6. The physician in attendance is in charge of the case and is responsible for the treatment of the patient. Consequently, he may prescribe for the patient at any time and is privileged to vary the mode of treatment outlined and agreed on at a consultation whenever, in his opinion, such a change is warranted. However, at the next consultation, he should state his reasons for departing from the course decided on at the previous conference. When an emergency occurs during the absence of the attending physician, a consultant may provide for the emergency and the subsequent care of the patient until the arrival of the physician in charge, but should do no more than this without the consent of the physician in charge.

## CONFLICT OF OPINION

Sec. 7. Should the attending physician and the consultant find it impossible to agree in their view of a case another consultant should be called to the conference or the first consultant should withdraw. However, since the consultant was employed by the patient in order that his opinion might be obtained, he should be permitted to state the result of his study of the case to the patient, or his next friend in the presence of the physician in charge.

## CONSULTANT AND ATTENDANT

Sec. 8. When a physician has attended a case as a consultant, he should not become the attendant of the patient during that illness except with the consent of the physician who was in charge at the time of the consultation.

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## SUDDEN DEATH OF DR. CAMPBELL P. HOWARD

As the June issue of CALIFORNIA AND WESTERN MEDICINE was about to go to press, word was received of the death in Los Angeles, of Dr. Campbell P. Howard of Montreal, Canada.

Doctor Howard was a guest speaker at the Coronado meeting, conducting the Clinico-Pathological Conference.

## RETRACTION AND APOLOGY

*Time*  
Incorporated  
New York Chicago

Executive Offices  
135 East 42nd Street  
New York  
May 2, 1936.

Dear Doctor Warnshuis:

Mr. Hulburt has forwarded your letter of the 27th regarding *Time's* recent story.

*Time* is sincerely distressed that it erred in the facts presented in this story. These facts were obtained from sources believed to be reliable and were presented by *Time* without any malice or thought of injuring you or your reputation.

*Time* gladly accepts the statements enumerated in your letter as the true facts and apologizes for having published any statement at variance with these facts.

*Time* would have been pleased to publish a letter from you in its editorial columns, but I understand from Mr. Hulburt that you do not wish publication of any letter.

Very truly yours,

(Signed) C. D. JACKSON  
Assistant to the President.

Dr. Frederick C. Warnshuis  
California Medical Association  
450 Sutter  
San Francisco, California.

C. M. A. DEPARTMENT OF  
PUBLIC RELATIONS†

## "Medical Greed"

Some newspapers, probably responsive to the certain proponents, in commenting upon the court decision restraining supervisors from admitting patients who are not indigents to county hospitals, have assumed that the court action was inspired by medical greed. Others have said the action was inspired by the medical profession, who are the owners of the private hospitals. These and similar statements are being made by editors and individuals who are now active in circulating petitions to place on the November ballot an initiative to amend the state constitution so as to open up county hospitals.

It is a matter of grave concern when proponents for sociologic changes resort to unsubstantial statements and reflect such gross ignorance of true facts and conditions. If these statements are permitted to go unchallenged, then an informed public will be misled and through misinformation may cast their vote in favor of open county hospitals. It devolves upon every member to expose these misstatements and to acquaint voters as to the real facts. To that end members are urged to embrace every opportunity to present the true facts to their patients and friends. The following points may be helpful in removing misconceptions and disabusing misinformed minds.

1. Private hospitals are not owned by doctors and the doctors have no financial interests in hospitals. There are only a few hospitals owned by doctors, and these are sanitariums or a few hospitals of small bed capacity in isolated areas.

2. Costs per day for caring for patients in county hospitals are inaccurate. In arriving at per diem costs, county hospital day rates do not include capital investment, bonds, interest, depreciation, repairs, labor, certain supplies and utilities. County hospital per diem costs are not less and often exceed private hospital per diem costs. The difference will be reflected in increased taxes.

3. County hospital care and services do not equal those of private hospitals.

4. Doctors on the attending staff of county hospitals are not remunerated for their professional services.

† The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. Charles A. Dukes of Oakland is the chairman, and Dr. F. C. Warnshuis is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Dr. F. C. Warnshuis, Room 2004, Four Fifty Sutter Street, San Francisco.

5. If county hospitals are opened to all patients, many private hospitals will be forced to close. There will be a local lack of hospital facilities. County hospitals will be compelled to build additions. Hospital experts and architects estimate that building costs average \$3,500 per bed. The cost of additions will be borne by taxpayers, and that means increased taxes payable by taxpayers.

6. A number of years ago Henry Ford built a hospital in Detroit, imbued with the idea that hospital care could be provided at a cost of \$5 per day or less. Ford had experts, efficiency men, purchasing advantages, etc. It is reported that the Ford Hospital, in spite of his efficiency and men resources, has encountered an operation loss of a million and more dollars per year, balanced by Ford's money. Taxpayers would be called upon to pay increased taxes to meet county hospital deficits.

7. If individuals, their relatives or friends, would refrain from engaging private rooms and de luxe accommodations beyond their financial resources, they can obtain adequate and ample hospital care in private hospitals at costs that will not exceed the county hospital's quoted costs, in their immediate vicinity. Ward and semi-private room costs in private hospitals do not exceed county hospital costs for this service.

8. No county hospital or government-owned hospital has ever equaled the service of the private hospital.

9. Open county hospitals means increased politically appointed employees, increased payrolls, which in the end means but one thing—increased taxes.

10. Closing of private hospitals means decreased tax returns. Taxes are paid by many private hospitals. Lost tax receipts means increased taxes for the taxpayers.

These are but a few general statements. They can be enlarged and amplified by calm reflection. The quest has been to inspire members to become concerned, awakened to the need and necessity of undertaking to refute the unwarranted declarations of sponsors for open county hospitals.

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### Hospitals and Medical Care

It was very heartening to hear the following statements during the Western Hospital Association meeting in San Francisco in April, from Doctor MacEachern of the College of Surgeons and Doctor Buerki, president of the American Hospital Association:

"Hospitals cannot engage in the practice of medicine."

"Hospitals cannot profit from medical services."

"Profits cannot be derived from laboratory services (x-ray and pathologic)."

"I'd prefer to have my anesthetic administered by a registered physician instead of a nurse."

"I would prefer to have my x-ray examination supervised by an expert roentgenologist than by a technician."

"Profits from laboratory services must be returned to patients."

"Hospitals will cooperate with their medical staffs."

Thinking, competent hospital administrators and superintendents evidently recognize that hospital income cannot be increased by invasion into the field of medical practice and care. Exploitation of medicine cannot be engaged in to turn hospital deficits into balanced or profit-producing income.

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### Alberta—Townsend?

Press items impart that the province of Alberta has defaulted on its bonds. This is the province where the Governor proposed to give \$25 a month to each of its 400,000 adult residents. How Alberta ever hoped to raise the necessary \$120,000,000 is a mystery to economists. Taxation far in excess of the \$25 per month would have been necessary, and the bonus income of the taxpayer would have been wiped out by taxes. This social experiment presents an example that may be heeded by our federal and state governments.

Press items also reveal a congressional committee's exposé of the financial transactions of the Townsends. The pity is that the total income of nearly a million dollars was contributed in nickles, dimes, and dollars by the hopeful and deluded supporters seeking a dole of \$200 per month after attaining the age of sixty.

From these two incidents the lesson should be learned that social programs cannot survive if they are without sound economic merit. It would seem that no social experiment should be undertaken until it has been approved by a corps of well-versed economists. Legislation is frequently enacted with no consideration of the cost or the source of required funds. Theorists lack acumen of late to fit their theories with successful application. They have been tearing down in place of strengthening our social institutions. We require learned, sane leaders to point the safe way out of our present disorganized state of social conditions. More men of the type of those men of yesteryears who held a steady helm on affairs of business and state.

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### Let Well Enough Alone at the County Hospital \*

In a report made in 1932, the Sacramento County Grand Jury declared, with reference to the system under which the Sacramento County Hospital was operating at that time:

Beyond a doubt, thousands of patients are being treated yearly at the expense of the taxpayers and through the generosity of the local medical profession, who should not be objects of charity.

This is resulting annually in thousands of dollars' cost to the taxpayers, which would be easily eliminated without depriving a single person of the medical care for which they are unable to pay.

The report mentioned a long list of abuses which has grown up because of the political manipulation of the hospital services.

When the county charter was adopted, an effort was made to end these abuses. In the first place, to guard as far as possible against the hospital being utilized as a place of treatment for patients who happened to have some pull at the county courthouse—as was the common thing at that time—general supervision and direction thereof was placed in the hands of a county health and welfare board, two of whose members are practicing physicians and the other a practicing dentist.

The charter further provides:

The Sacramento County Hospital shall be so called and shall be maintained for Sacramento County indigents only.

It was these provisions in the charter that made one of the strongest appeals to the citizenry and helped roll up the big majority in its favor.

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The charter went into effect on July 1, 1933.

So far as the public has been able to discover, the new set-up at the county hospital has worked satisfactorily.

Now, however, a proposal has been made to the board of supervisors that the charter be amended to admit pay patients to the hospital.

John Keema, chairman of the board of supervisors, declared:

I am against the charter provision restricting hospital service to those taking the pauper's oath.

As a matter of fact, there is no such restriction in the county charter. For the word "indigent" as used in the charter is not synonymous with "pauper," as defined by the courts.

Quoting from the *Pacific Reporter*, second series, page 511:

The word "indigent," when used in connection with admissions to county hospitals, includes any inhabitant of the county who possesses the required qualifications of residence and who has insufficient means to pay for his maintenance in a private hospital after providing for those who legally claim his support.

In other words, under this court ruling, any Sacramento County resident who can show that all his income is necessary for the support of his dependents is entitled to receive medical assistance at the county hospital.

This will strike the average citizen as sufficient to cover every worthy or really needy case for medical attention. And it powerfully argues against tampering with the present provisions of the charter.

Let well enough alone.

\* Reprint of editorial in the *Sacramento Bee*.

### Qualifying Certificate

Chairman George H. Kress of the Special Committee appointed by the Council to draft and secure the enactment of a qualifying certificate law by initiative, is completing the preliminary draft of such a law. In due time a copy will be sent to every county society for study and comment. This statement is made for the information of members who have sent in inquiries as to when such a law was to be submitted. As has been stated in the editorial section of CALIFORNIA AND WESTERN MEDICINE, it will not be possible to place the initiative upon the ballot before the 1938 election.\*

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### Hospital Insurance

(Summarization of remarks made by Dr. T. Henshaw Kelly, chairman of the Council of the California Medical Association, to the Assembly Interim Committee on "Health Insurance" at their public hearing in San Francisco, April 23 to 26.)

In 1934 the California Medical Association at its annual session in Riverside created a committee of five members and instructed that committee to survey health conditions, to prepare a plan for health insurance in California and a bill for health insurance that might be ready for submission to the 1935 Legislature. This Committee of Five began its work by creating an advisory council of economists from the University of California and a survey staff headed by Dr. Paul Dodd of the University of California at Los Angeles. This staff was instructed to make a survey of health conditions in California and to report to the Committee of Five, accompanying the report of the survey with any recommendations that the survey staff and advisory council might possibly make. The Council of the California Medical Association, under instructions from the House of Delegates, appropriated the moneys necessary for this survey, which ultimately totaled about \$35,000.

After the survey was begun, it was found that if sponsored by some official agency of the State of California, it could obtain money from the SERA to pay for field workers for a survey more extensive than that originally planned by the committee. The good offices of the State Board of Health were sought and it requested the aid of the SERA in making a survey of health conditions in California and designated the California Medical Association and its Committee of Five as the agency through which this survey was to be carried out. Thereupon, the SERA furnished field workers and expended some \$55,000 for their salaries, the California Medical Association paying for all of the supervisorial work necessary in this field work.

In setting up the survey staff, the Committee of Five did not ask that any member or members of the California Medical Association be placed on the staff, as the committee was interested in seeing a survey made by a disinterested group which would not be charged with any bias favorable to the medical profession itself. However, it did suppose that some medical consultation and study would be made in planning the survey and in evaluating it before a report was rendered. To the best of my knowledge, no such evaluation has been made and the tentative draft of the report furnished to the Committee of Five seems to be the work of a small group of economists with no medical knowledge, viewpoint or experience whatsoever. Frankly, to me and to other members of the California Medical Association who have had the opportunity to see this report, it is not clearly written, many of the tables to us are incomprehensible, and a number of the deductions seem not warranted.

There is no foundation to the rumor going around that the California Medical Association intends to suppress this survey report. There is a resolution of the House of Delegates to the effect that each delegate must receive a copy of it. However, the Committee of Five and the Council of the California Medical Association feel that the Association is entitled to a report in which the statistical work is as near beyond reproach as is possible,

which has received the criticism of competent medical knowledge and experience and which is set forth in the best possible form. The Association is perfectly willing to permit the survey staff, with unbiased assistance, to attain these objects in the final draft of the report which will not be suppressed.

In 1935 the Senate Interim Committee asked the assistance of the California Medical Association in preparing a proposed act providing compulsory health insurance in California. On March 3, at a special meeting held in Los Angeles, the House of Delegates of the California Medical Association voted to create a committee of six and instructed it to work to the end that the legislature would enact a compulsory health insurance act containing certain standards of organization and control set forth in the resolution creating this Committee of Six.

This Committee of Six, working in coöperation with the Senate Interim Committee, wrote a bill which the Interim Committee included in its report to the Senate and introduced by amending Senate Bill 454.

What happened to this bill and its companion, Assembly Bill 1097, is known to you all.

As a result of this, a great many members of the California Medical Association, among whom are some who believe that ultimate compulsory health insurance should be enacted, did feel that much more knowledge of the problems and community of interest among the affected groups must be developed before any satisfactory plan could be enacted into the law.

In the fall of 1935 the Council of the California Medical Association, at the request of many members of the Association, conducted a postcard poll of all of the licensed doctors of medicine in California. A copy of the results of this poll is attached hereto.

While I cannot speak officially at the moment, lacking definite action of the Council or the House of Delegates of the California Medical Association, I think I may justly say that the consensus of opinion in the Association today is to the effect that plans to extend medicine and hospital care on a budgetary basis should be voluntary in nature and should be of such nature as not to permit competition for business by small groups of physicians or hospitals.

The profession of medicine has always frowned upon self or other advertisement by physicians because great claims are misleading to patients. Plans which permit individuals or groups to compete for health insurance, clients, permit the groups to do this type of advertising and will result in the breakdown of standards of practice and a scramble for patients that will cut rates and reduce the quality of service rendered to the sick.

Progress in the solution of the future means of distribution of medical care should, I think, be gradual. Sensibly, the first step should take care of the most urgent of the necessities facing the sick man. Permit me to say that, as physicians, we know the hospital bill to be this necessity.

The hospital usually requires payment at the time of illness and this is understandable. Food, salaries, light, heat, water, and taxes have to be paid for and no criticism can be made of the hospitals for asking for money while the service is rendered. Many patients could have the willing services of many physicians if they could meet hospital bills for the hospital service necessary to permit the medical service, which would be gladly given or, at worst, paid for over long periods of time.

Under Assembly Bill 246 or the present insurance law of the state, agencies are operating, or preparing to do so, to furnish hospital service on a budgetary basis. The Alameda County Medical Association is about to start operation, the Intercoast Hospitalization Insurance Association—formerly the Superior California Hospital Association—is operating and expanding rapidly.

The next urgent problem is medical service, and since the present laws permit only individuals or partnerships of doctors of medicine (an impossible set-up for any widespread operation) to furnish medical service, a change in the law would be necessary and this might be made to create a public corporation of the physicians of California with rules for organization and self-government and permission to furnish health insurance to the people of the

\* A list of references to editorial and other comment on the proposed California Qualifying Certificate (Basic Science) Act is given in the "News" department of this issue (page 533).

state. The Bar Association might serve as a starting point for some of the machinery and organization.

It is true that these plans are voluntary and that many of those needing the service will not avail themselves of it, but a successfully operated voluntary health insurance plan furnished by the physicians of California through an organization created by the legislature would furnish a wealth of experience upon which to base further extensions and logically would be the agency to which such service could be entrusted when, as and if such extensions were made.

The other alternatives are lay corporations doing the business on an indemnity basis and the opening of county hospitals to all residents of the counties, regardless of their ability to pay for medical and hospital service. We feel that this latter is an unjustifiable increase in taxes, and is unjust both to private hospitals that have grown up and represent huge investment of funds in the state and to the profession which today must not be singled out for competition by government, especially when such competition can be made badly political in its nature.

I do not believe that at present, and for some time to come, it will be possible to find enough interested groups who know or care enough about each other's problems under any proposed compulsory law, to permit the enactment of a fair and comprehensive plan.

Senate Bill 454 was bitterly criticized as a "doctors' bill" when, as a matter of fact, to anyone who knows anything about the problems of medical care, the physicians were taking the biggest risks of any group included in the act.

Cash benefits were demanded by many so that the "grocer could be paid." The physicians do not object to cash benefits, but they do contend that there is no reason in the world to set up another organization to handle these when there is already an organization in the state government handling "unemployment reserves." Unemployment because of illness is still unemployment, and to load a health insurance plan with the costs of a duplicate organization merely to speak of "cash benefits for illness" seems the height of foolishness and the work of spendthrifts. The disbursement of these funds could be handled easily enough by a report from one division to another. If no one else knows how it can be done, the physicians can set the method up.

In closing, let me repeat that medicine knows that there is a problem of the distribution of medical service; it does not believe that the present situation is hopeless; it believes voluntary hospital health insurance can be furnished without any drastic changes in our laws; and it believes that much study and coöperative effort are necessary before any comprehensive and fair compulsory plan can be considered—much less enacted into law.

#### CALIFORNIA MEDICAL ASSOCIATION: REFERENDUM NO. 2

##### Total Vote

	YES	NO
Shall the California Medical Association endorse any legislative change in the present system of medical practice? .....	1043	1438
Are you in favor of compulsory health insurance? .....	577	1819
Are you in favor of voluntary health insurance? .....	1265	905
(a) Voluntary health insurance carried on by the State of California? .....	244	933
(b) Voluntary health insurance carried on by lay companies under legislative control? .....	204	978
(c) Voluntary health insurance carried on by some form of organization of licensed physicians of California created by legislation? .....	2089	744

"Look carefully to the selection of your company. Make it largely medical and keep it so by tolerance and industry so that your skill may grow from meeting the skill of others. Shun the money-maker lest you become one. Cultivate the philosopher, because he needs you."

## COMPONENT COUNTY MEDICAL SOCIETIES

### HUMBOLDT COUNTY

The Humboldt County Medical Society met on the evening of May 7 at Scotia as guests of Doctor Cottrell. An excellent dinner was served at the Hotel Mowatoc, after which the meeting was held in the main dining room of the hotel, with Vice-President Allen Watson presiding.

Twenty-one members and one visitor were present.

Dr. Nelson Howard of San Francisco was our guest speaker for the evening. Doctor Howard spoke on *Fractures About the Shoulder and Crepitating Peritonitis*, and showed great ability in the manner of presenting the same.

After a very successful evening Doctor Watson thanked Doctor Howard for coming to us, and Doctor Cottrell for his hospitality and the opportunity of meeting in Scotia.

LAWRENCE A. WING, *Secretary*.

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### PLACER COUNTY

The Placer County Medical Society held a dinner meeting at the Freeman Hotel, Auburn, Saturday evening, April 25, at seven o'clock. President Louis E. Jones presided. In addition to Doctor Jones, there were the following members and visitors:

Members—Dr. Robert A. Peers, president of the California Medical Association; Doctors Lucas W. Empey, E. E. Lundegaard, William Miller, C. E. Lewis, Mildred E. Thoren, J. Gordon Mackay, C. C. Briner, L. B. Barnes, Ray C. Atkinson, Vernon W. Padgett, Max Dunievitz, W. A. Vinks, H. N. March, and Paul D. Barnes.

Visitors—Dr. F. C. Warnshuis, secretary of the California Medical Association; Mr. Hartley Peart, general counsel of the California Medical Association, both of San Francisco; Dr. C. E. Schoff, councilor for the Eighth District, California Medical Association; Dr. Frank MacDonald, president of the Sacramento Society for Medical Improvement; Doctors Harry M. Kanner, F. N. Scatena, C. B. Jones, F. F. Gundrum, A. M. Henderson, and Dr. E. W. Beach and Mrs. Beach, all of Sacramento; Doctors H. L. Karo and Daniel Hirsch of Grass Valley.

The meeting was the official visit to the Placer County Medical Society by President Peers and the other officers above mentioned. President Peers gave an outline of his work during the past year. Doctor Warnshuis gave a résumé of the work of the California Medical Association, stressing the following two points:

1. What the Association is endeavoring to bring to its members.

2. The educational work carried on among the laity.

Mr. Peart gave a report of the year's activities of the general counsel and called attention to the many problems with which his office is confronted.

Doctors Schoff, MacDonald, and Gundrum made short addresses. There then followed general discussion, with many questions being asked Doctor Warnshuis and Mr. Peart regarding problems in which the members are interested. As President Peers and Secretary Warnshuis have noted during their visits to the various component county societies, the members of the Placer County Medical Society show, by their questions, that they have an intelligent interest in organized medicine.

ROBERT A. PEERS, *Secretary*.

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### SACRAMENTO COUNTY

The regular meeting of the Sacramento Society for Medical Improvement was called to order by the president, Dr. Frank A. MacDonald, on the evening of April 21 in the Auditorium at Twenty-ninth and L streets, Sacramento.

The speaker of the evening, Dr. B. O. Raulston of the School of Medicine at the University of Southern California, who spoke on the subject of *Bleeding Peptic Ulcers*, was introduced by the president. He discussed the subject in a scholarly and interesting manner, taking up the etiology, diagnosis and treatment in turn, as well as the



history of the condition. He pointed out that peptic ulcer deaths are on the increase in Europe and Wales, and the condition is apparently on the increase because of more accurate means of diagnosis; and the increase in this disease parallels the increase in the stresses and strains of modern life. A good description of peptic ulcer was given in 1700, and in 1704 there was a good description of an autopsy performed on the seventeen-year-old wife of a doctor who died of a perforated ulcer of the stomach. The statistics, gathered from all sources, indicate duodenal ulcer is much more common than gastric, and this may be expressed by the equation 8-14:1. Massive hemorrhage from ulcer may come from three sources: primarily duodenum, stomach, or jejunum. Bleeding ulcers are limited to humans and sea lions, so far as is known, and are found more often in thin, highly strung dynamic individuals. In other words, "Doers rather than dreamers." It is more common in men than women. The speaker then enumerated the possible causes of ulcers, mentioning mechanical factors, infection, emboli, specificity of organisms, intercurrent disease, burns, arterial changes, changes in smaller vessels, functional or vasomotor changes, brain lesions, and vagal influences, probably emanating from emotional disturbances and trauma. Summarizing these possible causes, the speaker then stated that bleeding occurs primarily in chronic ulcers and that there is usually hypersecretion of gastric juice and that the resistance to this juice in the alimentary tract decreases the farther we travel from the stomach. Massive hemorrhages usually are diagnosed because of the critical situation presented. Statistics show that 15 to 18 per cent of gastric ulcers bleed and 20 to 25 per cent duodenal ulcers bleed in clinic patients, while 10 per cent of private patients with ulcers have massive hemorrhage. He pointed out that often after hemorrhage blood dilution is delayed and takes place slowly, so that the red blood count and hemoglobin estimation may be misleading at the time. The treatment may be divided into medical and surgical. Under medical treatment he suggested the following routine: Bed rest, sedative, hospitalization if within reasonable distance, opiates to reduce peristalsis and lower blood pressure, keep warm, normal salt solution subcutaneously, nothing by mouth, 5 per cent glucose in normal saline intravenously, and repeated blood transfusions. When death occurs in these patients it comes either from massive hemorrhage or from uremia. Emergency surgery should only be done in the presence of massive hemorrhage where the patient's age suggests sclerotic arteries in the site and then only if the diagnostician and surgeon agree. Interval surgery may be performed because of the possibility of malignant changes in gastric ulcer. The discussion of this phase of treatment he stated belonged to the surgeons, and the type of operation to the field of the surgeon. In conclusion, he presented statistics of the Los Angeles County Hospital of patients having bleeding peptic ulcers, showing the end-results to date, including the effects of various surgical procedures after the bleeding had ceased.

The applications of Doctors Arthur Kahler and La Verne Glenn were read for the second time and voted upon. Both were unanimously elected to membership in the Society. The applications of Doctors Lung Fung, Glenn E. Millar, and Leslie A. Runyan were read for the first time.

The report of the Board of Directors was read. It was moved, seconded, and passed, that the following resolution be adopted and copies thereof be sent to all the members of the Society.

WHEREAS, It is the sense of the Board of Directors of the Sacramento Society for Medical Improvement that we adhere closely to the "Principles of Medical Ethics" as laid down by the American Medical Association"; and

WHEREAS, These principles are as follows:

#### Article V. Differences Between Physicians Arbitration

Section 1. . . .

Section 2. . . .

Section 3. . . .

Section 4. . . .

And

WHEREAS, It has come to the attention of the Board of Directors that the Sacramento Credit Union proposes to provide medical health service for its members; and

WHEREAS, It appears that this type of organization and fee schedule in its relation to the medical profession may be in direct conflict with the above principles; therefore be it

*Resolved*, That no member of the Sacramento Society for Medical Improvement shall undertake to provide medical services for this or any similar new organization until the same is approved by the Sacramento Society for Medical Improvement through its Board of Directors.

The following resolution referring to the Intercoast Hospitalization Insurance Association was also passed.

WHEREAS, The Intercoast Hospitalization Insurance Association is now a nonprofit, mutual association incorporated under the insurance laws of California and operating under a Certificate of Approval; and

WHEREAS, The Intercoast Hospitalization Insurance Association is mindful of and desires to be governed by the principles of medical ethics accepted and approved by the American Medical Association; and

WHEREAS, The service rendered by the Intercoast Hospitalization Insurance Association is now recognized as a valuable means of extending dignified relief to the sick and has proved of distinct value to the physicians of the community; be it therefore

*Resolved*, That the Sacramento Society for Medical Improvement hereby gives its endorsement of approval to the Intercoast Hospitalization Insurance Association; and be it further

*Resolved*, That the Board of Directors of the Sacramento Society for Medical Improvement be instructed to use its good offices to obtain the endorsement of the Intercoast Hospitalization Insurance Association by the California Medical Association.

NORRIS R. JONES, *Secretary*.

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#### SAN BERNARDINO COUNTY

The meeting of the San Bernardino County Medical Society was held at the Loma Linda Sanatorium on Tuesday, March 3.

Dinner was served in the main dining room at 7 p. m. Following dinner the members and guests adjourned to the new pathology building for the program of the evening. About seventy-five members and guests were present.

There being no business to come before the Society the president turned the meeting over to Doctor Macpherson, who took charge of the scientific program:

#### Clinical-Pathological Conference

Case Report—Atrophic Cirrhosis of the Liver by F. B. Moor. Discussion by O. I. Cutler.

Four Case Reports—Brain Tumors by E. C. Ehlers. Discussion by C. B. Courville and C. W. Olsen of Los Angeles.

Case Report—Carcinoma of the Ovary by Raymond F. Tatro. Discussion by O. I. Cutler.

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The meeting of the San Bernardino County Medical Society was held at the San Bernardino County Charity Hospital on Tuesday, May 7, and was called to order by the president at 8 p. m. About fifty-five members and guests were present.

Dr. C. G. Hilliard presented the proposition of coöperation and correlation between the county medical society and the county health officer, Doctor Godfrey, and related the pleasant connections in the past.

To bring the matter before the Society, Doctor Hilliard moved that the president of the San Bernardino County Medical Society be empowered to appoint a committee of five, including the president and secretary of the society, as ex-officio members, to act as a coördinating committee with the county public health officer—Public Health Coördinating Committee. The motion was seconded by Doctor Emmons.

Following favorable discussion by Doctors Abbott, Wylie, and Godfrey, the motion was passed.

The president appointed the new committee as follows: Doctors C. G. Hilliard (chairman), F. E. Clough, C. L. Emmons, D. C. Mock, and A. E. Vardem (ex officio).

A motion was made by Doctor Dole and seconded by Doctor Emmons that Doctor Held's application for transfer from the Orange County Medical Society be approved. Passed.

The matter of soliciting doctors' cards for programs, etc., was brought up. A motion was made and seconded that any paid publication is unethical advertising. Passed.

The program of the evening was then given. Unfortunately one of the speakers, Doctor Tobias, was unable to be present due to illness.

Symposium on the Treatment of Contagious Diseases: Typhoid Fever ('Phage Therapy'); Meningococcus Meningitis—Paul M. Hamilton.

Diphtheria (Special Reference to the Heart); Scarlet Fever—H. I. Vener.

Poliomyelitis by R. W. Meals.

A. E. VARDEN, *Secretary*.

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#### SAN JOAQUIN COUNTY

The regular monthly meeting of the San Joaquin County Medical Society was held in the Medico-Dental clubroom on May 7. The meeting was called to order at 8:15 p. m., President O'Connor presiding.

The customary supper meeting was held at the Hotel Wolf at 6:15 p. m. There were twenty-five members and guests present. Dr. A. L. Van Meter gave a very interesting talk on his experiences in the clinics in Boston.

Dr. Dewey Powell presented a resolution of sympathy to Dr. John M. Hench in the passing of his wife, Myrtle M. Hench, on April 17.

President O'Connor made a report on the program of the local society concerning the Initiative petition which is being circulated in this county for the opening of the tax-supported hospitals. He stated it would be the policy of the local society to pursue a "hands off" policy until after the meeting of the California Medical Association at Coronado, where he hoped a definite state-wide policy would be adopted.

The petition of Dr. Leo D. Smith for membership to the medical society was read and referred to the Admissions Committee.

The papers of the evening were presented by Dr. H. Brown, who gave a very interesting paper on *The Neuralgias of the Cranial Nerves*. Dr. M. N. Hosmer then spoke on *Ear, Nose, and Throat Manifestations of Neuralgias of the Cranial Nerves*. Both papers were well received and caused considerable discussion from the floor.

There being no further business to come before the Society, the meeting was declared adjourned at 10:30 p. m. and refreshments were served.

G. H. ROHRBACHER, *Secretary*.

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#### SANTA BARBARA COUNTY

The regular meeting of the Santa Barbara County Medical Society was held on Monday evening, May 11, at Bissell Auditorium, President Gray presiding.

The speaker of the evening, Dr. William Boeck of Los Angeles, gave a most interesting and instructive talk on *Gastric Ulcers*, illustrated with slides.

The paper was discussed by Doctors Robinson, Koefod, Geyman, Stone, Clark, and Steele.

Mr. J. D. Williams of Los Angeles then gave a short talk on the influence of hygroscopic agents in cigarettes on throat irritations.

Doctor Ullmann reported for the State Council that the State Insurance Committee on Hospital Insurance would have a report at the Coronado meeting.

Doctor Hare reported for the Publicity Committee upon newspaper articles and lectures given by physicians.

Doctor Eaton reported for the Society Council upon the questionnaires regarding contract practice.

Doctor Geyman read a communication from Doctor Kelly concerning laboratory and x-ray work done by hospitals.

A motion was made by Geyman, seconded and unanimously carried, that the delegates from our Society support any plan regarding hospital insurance endorsed by the Council of the California Medical Association.

W. H. EATON, *Secretary*.

#### TULARE COUNTY

The April meeting of the Tulare County Medical Society was held at Motley's Café on Sunday evening, the 19th.

The Tulare-Kings County Dental Association and nurses in Tulare County met with the Tulare County Medical Society by invitation to hear the representatives of the Public Health League of California.

In attendance were: Miss C. Britner, R. N., Miss N. Grant, R. N., Dentists John Lloyd, Marlowe Anderson, J. A. Wallace, E. C. Harper, Chris Weber, George Tannlund, Blackman, L. Lipson, R. H. Dalrymple, L. Carpenter, E. J. Ropes; Doctors A. Bond, Watke, Crone-miller, Betts, Zumwalt, A. Miller, Campbell, Barber, Parkinson, Rosson, Fillmore, Preston, Zellar, Ginsburg, Beck, McClure, Weiss, Guido, Falk, P. Miller, Matthias, and Brigham; District Councilor Dr. A. E. Anderson of Fresno, Dr. Peter Blong, Dr. Louis Packard, and Mr. Ben Reed, executive secretary of the Public Health League, were guests of the Society.

As an innovation, the first recorded (January, 1918) minutes of the Tulare County Medical Society were read and enjoyed, both for their historical value and indicating the presence of some of our present members in official service at this time.

The application of Dr. Frank L. Wiens of Porterville was presented, and he was unanimously elected to membership.

Guests were then introduced. Doctor Fannlund replied for the dental society. Dr. A. E. Anderson, councilor of the Fourth District, endorsed the welcome to the Public Health League officials and the meeting was turned over to them.

Mr. Ben Reed, executive secretary of the Public Health League of California, first presented Dr. Peter Blong, councilor from Alhambra, who related for us the history of the inception of the present Public Health League and explained the purposes of the League organization. Mr. Reed reported on the activities of the League in Sacramento at the last legislative session.

Dr. Louis A. Packard of Bakersfield related the assistance offered by the League in the Kern County problems and also gave us preliminary findings on the surveys of county hospitals with proposed recommendations to the California Medical Association.

At the conclusion of the meeting it was voted to organize a Tulare County chapter of the Public Health League to include nurses, dentists, doctors, veterinarians, and pharmacists. A practical unanimous response was had in obtaining signed memberships.

Thanking the officials for their assistance, the meeting adjourned.

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The Tulare County Medical Society met at Motley's Café in Visalia for its regular meeting on Sunday evening, May 10. Dinner preceded the meeting.

In attendance were: Doctors Beck, Winns, Preston, Tourtillott, Matthias, Weiss, A. Miller, McClure, Fillmore, Ginsburg, Cronemiller, Rogers, Seiberth, Brigham, P. Miller, Rosson, Zumwalt, and Kohn.

The first part of the evening was devoted to the scientific paper. Dr. George F. Schenck, urologist from Los Angeles, presented a paper on *The Cause of Death*. The subject was based on the anatomical diagnosis as found in one thousand consecutive autopsies. Special emphasis was placed on the urologic pathology portrayed. Graphic slides were used in illustration. In addition, a moving picture portraying the instruments used in transurethral resection was shown and a demonstration was given of the radio knife.

Doctor Zumwalt urged us to be on the lookout for any poliomyelitis cases. Three cases have been reported in the county to date.

The Constitution Committee presented a completed draft of the constitution and by-laws for the Tulare County Medical Society. Essential points were read and the report was unanimously adopted.

Appreciation and an expression of thanks from the Society were given the committee for their efforts in preparing this work. The committee consisted of Dr. A. W. Preston and Dr. A. Miller.



The Publicity Committee reported on its investigations, and has available reprints and talks on many subjects.

There being no further business the meeting adjourned at 10:10 p. m.

KARL F. WEISS, *Secretary*.

## CHANGES IN MEMBERSHIP

### New Members (29)

*Fresno County*.—Max M. Goldstein.

*Imperial County*.—William T. Heffernan.

*Los Angeles County*.—Jerome W. Bodlander, Nathan Dansky, Marion P. Firor, Ethel M. Hamilton, Samuel Rodman Irvine, Joseph M. Kinkade, Edward N. Lindquist, Alonzo Y. Olsen, Roy J. Popkin, Julius Simon.

*Orange County*.—William Schroer, Leonard M. Taylor.

*Sacramento County*.—Albert A. Almada, LaVerne P. Glenn, Arthur R. Kahler.

*San Diego County*.—George F. Harsh, E. H. Kelley, John O. Kellogg, Eaton M. MacKay.

*San Francisco County*.—Harold M. Hand, Samuel Hurwitz.

*San Luis Obispo County*.—Claude Stafford.

*Santa Barbara County*.—Harry C. DeVighne, Godfrey Steinert.

*Santa Clara County*.—Mary C. Wilbin.

*Shasta County*.—Gottlieb L. Orth.

*Sonoma County*.—Frank E. Sohler, Jr.

### Transferred (7)

Joyce A. Albert, from Stanislaus County to Butte County.  
William H. Barnes, from Butte County to Alameda County.

Edwin R. Cole, from Siskiyou County to Fresno County.  
Robert E. Hughes, from San Francisco to Los Angeles County.

John M. Scanland, from Santa Clara County to Napa County.

G. G. Wetherill, from Santa Clara County to San Diego County.

Henry L. White, from Tehama County to Shasta County.

### Resigned (6)

L. D. Bacigalupi, from San Francisco County.

Charles W. Barnett, from San Francisco County.

William E. Chamberlain, from San Francisco County.

Henrietta Damkroeger, from San Francisco County.

Olive N. Ehrenclou, from San Francisco County.

Lloyd E. Hardgrave, from San Francisco County.

## In Memoriam

**Ames, Elwin Witt.** Died at Los Angeles, April 6, 1936, age 69. Graduate of University Medical College of Kansas City, 1894. Licensed in California in 1920. Doctor Ames was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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**Baumeister, Edward Emery.** Died at San Francisco, May 3, 1936, age 58. Graduate of the University of California Medical School, San Francisco, 1904. Licensed in California in 1905. Doctor Baumeister was a retired member of the Butte County Medical Society, the California Medical Association, and the American Medical Association.

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**Bixby, Edward Marcelius.** Died at Oakland, April 24, 1936, age 77. Graduate of College of Physicians and Surgeons, San Francisco, 1899, and licensed in California the same year. Doctor Bixby was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

**Brewer, Lambert Cleveland.** Died at Monrovia, May 10, 1936, age 60. Graduate of Atlanta College of Physicians and Surgeons, 1901. Licensed in California in 1921. Doctor Brewer was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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**Chidester, Walter Clifford.** Died at San Mateo, April 21, 1936, age 61. Graduate of the Medical College of Ohio, Cincinnati, 1896. Licensed in California in 1906. Doctor Chidester was a member of the San Mateo County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Gatliff, William Walker.** Died at Chico, May 12, 1936, age 79. Graduate of St. Louis College of Physicians and Surgeons, 1884. Licensed in California in 1885. Doctor Gatliff was a member of the Yolo-Colusa-Glenn County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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**Golding, Daniel G.** Died at Santa Monica, April 18, 1936, age 66. Graduate of Jefferson Medical College of Philadelphia, 1890. Licensed in California in 1920. Doctor Golding was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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**Harrison, Fred.** Died at Gridley, April 24, 1936, age 66. Graduate of the California Eclectic Medical College of Los Angeles, 1905. Licensed in California in 1920. Doctor Harrison was a member of the Butte County Medical Society, the California Medical Association, and the American Medical Association.

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**MacLeish, Archibald Campbell.** Died at Los Angeles, May 4, 1936, age 53. Graduate of the University of Southern California School of Medicine, 1908, and licensed in California the same year. Doctor MacLeish was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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**Noggle, George Elliott.** Died at Chino, April 8, 1936, age 64. Graduate of the Kansas Medical College, Topeka, 1895. Licensed in California 1923. Doctor Noggle was a member of the San Bernardino County Medical Society, the California Medical Association, and the American Medical Association.

*Highest Calling.*—"None of us may measure devotion to our cause—no training can be too arduous, no discipline too stern. In dealing with menacing realities, the surgeon must possess courage and humility; must feel confident in his strength, sincere and tender in its timely application; must work with an exactitude that is piety. For us an operation is an incident in the day's work, for our patient it may be—no doubt it often is—the sternest, most dreaded of all trials, for mysteries of life and death surround it, and it must be faced alone. To give courage to those who need it, to restore desire for life to those who have abandoned it, with our skill to heal disease or to check its course—this is our great privilege. Ours not the concerns of ordinary life. We who, like the Happy Warrior, are doomed to go in company with Pain and Fear and Bloodshed, have a higher mission than other men, and it is for us to labor that we may prove not unworthy."

As to "posing"; this is universal, and differs among humans only in degree. Posing to some extent is desirable. Complete frankness would demolish the social structure. But be not deceived. Extreme pretentiousness is as obvious as the sun. Mannerisms would betray the pretender if words failed to do so.

## THE WOMEN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. THOMAS J. CLARK .....President  
MRS. ELMER BELT.....Editor and Chairman of Publicity

### State Auxiliary News

*State Program Planning Shows Progress.*—Mrs. John V. Barrow, state chairman of Program and Health Education, has given, in her report for the year, an interesting account of the accomplishments in health education in some of the California counties in cooperation with the Parent-Teacher Association. Many of the Auxiliary members are officers in the association and actively interested in the health and hygiene programs. It has been their endeavor to present the best in scientific medicine and to discourage the presentation of material by un-informed and poorly trained individuals. There have been established, in some of the larger counties, Speakers' Bureaus where the names of many men and women of scientific training and speaking ability are kept on file, so that they may be readily contacted when a request for a speaker in their field is received. These busy individuals have given most generously of their time and effort in placing reliable information before the general public.

Mrs. Barrow's report says: "Small health-study groups have been established, and at these our own members many times conduct the meetings. The study envelopes furnished by the American Medical Association and *Hygeia* have been used with great satisfaction. Four hundred letters explaining the aims for health education, together with programs, were sent to the hygiene chairmen of the Parent-Teacher Association. Such topics as the following have been chosen by them: "The Child's Right to Normal Health," "Mental Hygiene," "Contagion," "Keeping the Well Child Well," etc. Much other material published by the American Medical Association has also been used by them. *Hygeia* has been placed in many schools, and is very well recognized as the only health magazine for general lay use. The Little Health Plays have been presented in many schools. The Los Angeles County Auxiliary sent for fifty plays which have already been distributed."

### County Auxiliary Reports

*Alameda County.*—The April meeting of the Alameda Auxiliary was held on the 17th at the Claremont Country Club. It was preceded by a board meeting in the morning and the regular friendly half-hour before luncheon, at which Mrs. T. Floyd Bell and her committee served as hostesses. The day's speaker was Dr. Agnes Fay Morgan of the household science department of the University of California, who held the complete interest of her audience with her talk on "Diet Fads." At the business session, following the address, the report of the Nominating Committee was read: President, Mrs. Clarence Page; president-elect, Mrs. Frank Baxter; vice-president, Mrs. A. A. Alexander; recording secretary, Mrs. C. E. Peters; corresponding secretary, Mrs. R. A. Young; treasurer, Mrs. Hobart Rogers. The new directors chosen are: Mesdames J. K. Hamilton, O. T. McCalister, H. H. Meredith, John Ohanneson, with Mrs. T. Floyd Bell and Mrs. Lloyd Kindall to continue from this year.

Mrs. Robert T. Sutherland, the county president, says in reporting on the year's programs: "In May a musicale will bring the year's meetings to a close—a year filled with inspiring programs, under the leadership of Mrs. Harold Trimble. At this time we will have our mothers as guests. It finishes the year's efforts, but only to cause the members to eagerly look forward in anticipation to another such profitable year."

† As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Elmer Belt, chairman of the Publicity and Publications Committee, 2200 Live Oak Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Belt and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the editor to allocate two pages in every issue for Woman's Auxiliary notes.

*Los Angeles County.*—That there is no compulsory physical examination of food handlers in Los Angeles and that one spoon can comfortably accommodate 750,000 bacteria, were two arresting statements made by Dr. John V. Barrow in his address before the April meeting of the Woman's Auxiliary. Doctor Barrow went on to tell of the disastrous consequences resulting from diseased food-handlers. For example, out of a passenger list of three hundred, two hundred and thirty-five persons contracted disease, five dying—all related to the meat cook, who suffered from an afebrile type of typhoid fever. "Typhoid Mary" and her wake of fifty-five known cases with three traceable deaths was also mentioned. To remedy this condition New York City initiated compulsory physical examination of her 350,000 food-handlers, but political pressure became too great and this service was dispensed with, and in so doing six thousand active tuberculosis cases alone were overlooked, each of whom was capable of passing the disease on to five others. We are far advanced in our methods of treating tuberculosis, yet the disease is spreading because we will not control it. A few years ago the city health officers of Los Angeles attempted to make physical examination of food-handlers compulsory; however, they only succeeded in making the service a voluntary one. There is no record of food-handlers in this city, but the number probably approximates one hundred thousand. Out of four thousand examined by Dr. George Parrish in one month, five hundred were found to be infected with either venereal disease or tuberculosis. Doctor Barrow concluded his remarks by saying this situation can only be corrected through informed public opinion, and he felt it the responsibility of the women to arouse the interest of the community to this end.

Dr. Verne Hauser discussed the subject of *Scarlet Fever: Its Classification, Treatment, and Prognosis*, explaining that the death rate numbers less than two per cent in cases without complications. Medical sepsis, which is so effective in the contagious wards, was also described by Doctor Hauser. Out of five thousand cases of communicable diseases in the General Hospital during 1935, the cross-infection rate was far less than one per cent.

Mr. Ben Reed of the Public Health League, for whom the Auxiliary feels a real kinship because of his regular yearly appearances, spoke briefly on legislative aspects of scientific medicine.

On May Day a membership tea was held at the beautiful new home of Mrs. William H. Daniel, the Rancho del Burro at La Canada. After a short talk by Mrs. John V. Barrow, president, whose great enthusiasm is for the work of the Auxiliary, a delightful tea was served.

The Harbor Branch held their regular dinner meeting on May 5 at Long Beach, Mrs. John V. Barrow being the guest of honor. The Nominating Committee presented the names of officers for the ensuing year: Mrs. Francis Hertzog, chairman; Mrs. F. R. McCrea, vice-chairman; and Mrs. R. B. Eusden, secretary. After the business meeting there followed a lecture on art, the speaker illustrating his talk by the unique method of painting a picture and explaining the stages through which an artist progresses until his work is completed.

MRS. HAROLD E. CROWE, *Corresponding Secretary.*

*Marin County.*—The regular monthly dinner meeting of the Woman's Auxiliary to the Marin County Medical Society was held on March 26 at the Marin Golf and Country Club, with Mrs. Harry Hund presiding in the absence of Mrs. Robert Furlong, the president, who was ill. The speaker and guest of honor was Mrs. Thomas J. Clark of Oakland, the state president, who gave a most interesting talk about the growth and aims of the Woman's Auxiliary. Mrs. E. Taylor Dykes of Oakland was also the guest of the Auxiliary, and played two delightful composition on the piano. After the program a short business meeting was held.

CAROL FOWLER, *Publicity Chairman.*

*Orange County.*—Mrs. R. C. Green, in conducting the business portion of the meeting held on May 5 at the home of Mrs. Claude Steen in Santa Ana, appointed Mrs. G.

Wendell Olson chairman of a committee to cooperate with the Public Health League in its work at the fall election. She asked Mrs. Harry Huffman to head a committee to make all arrangements for the June fiesta.

The program was distinctly enjoyable. Mrs. Dana S. Newkirk of Fullerton, pianist, played Debussy's "Clair de Lune," "Rhapsody in C Major" by Dohuanyi and, as an encore, Chopin's "Minute Waltz." Mrs. H. D. Newkirk of Anaheim reviewed Ruth Lamb's "American Chamber of Horrors," and discussed the new Copeland Bill, designed to correct the sale of many of the impure and unstandardized foods and harmful drugs which the book describes. Later the hostesses, Mesdames Claude and E. J. Steen, J. W. Camp, E. W. Kersten, Charles Petty, and S. Theron Johnston, served tea. Mrs. Olson and Mrs. Harry Zaiser poured.

JESSIE Q. RAITT, *Publicity Chairman.*

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*Sacramento County.*—The meeting of the Auxiliary to the Sacramento County Society for Medical Improvement was held on April 21 at the home of Mrs. Edward S. Babcock. The meeting was called to order by our new president, Mrs. E. O. Brown. The following were hostesses: Mesdames Raymond Wallerius, Dave Dozier, Cordes Ankele, Louis Barrette, and Harry M. Kanner. For delegates to the State convention at Coronado the following were appointed: Mesdames George Briggs, Junius B. Harris, Nathan Hale, with Mesdames Robert Peers, Edward Babcock, and Orrin Cook to serve as alternates. Mrs. John D. Lawson was chosen as delegate to the national convention at Kansas City.

On April 3 a tea was given at the home of Mrs. E. O. Brown for the visiting doctors' wives of the Tuberculosis Association.

Following the regular meeting refreshments were served by the hostesses of the day.

MRS. JOHN D. LAWSON, *Corresponding Secretary.*

*Conservation of Vision.*—The steady progress in the United States toward elimination of the principal causes of vision impairment and total loss of sight is described by the National Society for the Prevention of Blindness in its twenty-first annual report, made public recently (April, 1936) by Lewis H. Carris, managing director. "To those engaged in the work of sight conservation the accomplishment of the past promises an ever-decreasing number of needlessly blind," says the report, entitled "Looking Forward." "Scientific advances and public education encourage us to look forward to the time when there will be no blindness from preventable causes."

In releasing the report, Mr. Carris said: "The means of safeguarding the eyes of infants at birth, of conserving the sight of school children, and of protecting the eyes of industrial workers are becoming more and more generally known. The American public is showing its eagerness to take advantage of the research and experience of the thousands of doctors, nurses, educators, safety engineers, illumination experts, social workers, and others who are devoting their energies to this cause."

The report discloses an 80 per cent increase, during the last decade, in the number of sight-saving classes for the education of school children with seriously defective vision. There were 260 of these special classes in 1925, and 476 in 1935, despite the smaller budgets of local departments of education in recent years. Approximately 6,000 boys and girls are now enrolled. The Society estimates, however, that 44,000 additional school children are in need of the special facilities and teaching methods afforded by sight-saving classes, if they are to receive a full and normal education without injury to the eyes and without strain upon their physical and nervous systems.

Other activities summarized in the report include sponsorship of the special training of social workers for service in eye clinics; cooperation with industry to protect the eyes of workmen in hazardous occupations; a campaign to prevent eye injuries from Fourth-of-July fireworks; collaboration with public health agencies in promoting

routine blood tests for expectant mothers as a precaution against syphilis, which is one of the most serious causes of blindness; the holding of round-table meetings in various sections of the country for the benefit of public health nurses, especially those in schools; utilization of teacher-training centers for promoting sight conservation among school children; and continuation of the society's effort to halt blindness from ophthalmia neonatorum, commonly known as "babies' sore eyes," through compulsory use of prophylactics in the eyes of infants at birth.

The society's motion-picture film, "Preventing Blindness and Saving Sight," was exhibited to more than a thousand different audiences throughout the United States; prints of the film were used also in Hawaii, Brazil, Cuba, and Japan. Members of the staff visited eighty-two cities in twenty-six states, to assist local groups interested in sight conservation. Nearly a quarter-million pamphlets were distributed during the year.

The society now has on its roster of members and donors approximately 20,000 men and women representing every section of the country. Its work is supported entirely by voluntary public contributions. Income for 1935 was \$109,000 and expenditures were \$134,000, necessitating the use of \$25,000 from the reserve fund.

Elihu Root is honorary president, and the following are honorary vice-presidents: Dr. George E. deSchweinitz, John H. Finley, Senator Thomas P. Gore, Helen Keller, Mrs. Winifred Holt Mather, and Lillian D. Wald. The active officers are William Fellowes Morgan, president; Dr. Park Lewis, Russell Tyson, and Preston S. Millar, vice-presidents; and George C. Clark, treasurer.

*Prayer for Physicians.*—(By Maimonides\*).—O God, Thou hast formed the body of man with infinite goodness; Thou hast united in him innumerable forces incessantly at work like so many instruments, so as to preserve in its entirety this beautiful house containing his immortal soul, and these forces act with all the order, concord, and harmony imaginable. But if weakness or violent passion disturb this harmony, these forces act against one another and the body returns to the dust whence it came. Thou sendest then to man Thy messengers, the diseases which announce the approach of danger, and bid him prepare to overcome them. The Eternal Providence has appointed me to watch o'er the life and health of Thy creatures. May the love of my art actuate me at all times, may neither avarice, nor miserliness, nor the thirst for glory or a great reputation engage my mind; for, enemies of truth and philanthropy, they could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children. Endow me with strength of heart and mind, so that both may be ready to serve the rich and the poor, the good and the wicked, friend and enemy, and that I may never see in the patient anything else but a fellow creature in pain.

If physicians more learned than I wish to counsel me, inspire me with confidence in and obedience toward the recognition of them, for the study of the science is great. It is not given to one alone to see all that others see. May I be moderate in everything except in the knowledge of this science; so far as it is concerned, may I be insatiable; grant me the strength and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is boundless and the spirit of man can also extend infinitely, daily to enrich itself with new acquisitions. Today he can discover his errors of yesterday, and tomorrow he may obtain new light on what he thinks himself sure of today.

O God, Thou hast appointed me to watch o'er the life and death of Thy creatures; here am I ready for my vocation.

\* Maimonides (Rabbi Moses Ben Maimon), also known from the initials of these last words as Rambam, philosopher and master of Rabbinic literature, was born in Cordova, Spain, in 1135. He was educated by his father and by Arabic masters. He left Spain when he was thirteen years old and settled eventually in Fez. Five years later he moved to Cairo, where he became recognized as the greatest Rabbinic authority of his time. He served as body physician to Saladin. Maimonides died in 1204. (See also March, 1936, issue of CALIFORNIA AND WESTERN MEDICINE, on page 192.)